February 2008

Information from the Division of Health Care Finance and Policy

Uncompensated Care Pool Quarterly Report, PFY07 Q2

About this Report

Pursuant to Chapter 139 of the Acts of 2006, the Division of Health Care Finance and Policy (the Division) produces this quarterly report on the demographics and utilization patterns of individuals whose medical care is paid for by the Massachusetts Uncompensated Care Pool (UCP or 'Pool'). This report covers Pool activity during the first two quarters of Pool Fiscal Year 2007 (PFY07 Q1-Q2) from October 1, 2006, through March 31, 2007, and reports on the number of inpatient discharges and outpatient visits by age, income, and diagnostic category, as well as average charge per inpatient discharge and outpatient visit, and other statistics pertinent to monitoring the Pool.

Analyses of the utilization patterns of Pool users, total charges, and allowable uncompensated care costs are based on claims for services billed to the Pool by each acute care hospital in the Commonwealth. Demographic information is taken from uncompensated care applications submitted to the Division and through MassHealth. See Data Notes at the end of this report for further information on the data used in these analyses.

This report is organized into four sections containing the following information on Pool activity during the first two quarters of PFY07:

- *Health Care Reform* including analyses of the impact of the introduction of Commonwealth Care programs on the Pool;
- *Pool Utilization Statistics*, including the number of individuals whose medical expenses were billed to the Pool, the volume of services provided to Pool users, and the costs to the Pool of that care;
- *Pool User Demographics*, including the volume of services and costs by age, gender, family income, and family size; and
- *Services Billed to the Pool*, including details on the types of services received by Pool users, inpatient and outpatient volume and costs by age and gender, type of inpatient admission, top reasons for care, and average costs for inpatient discharges and outpatient visits.

Uncompensated Care Pool Overview

The Uncompensated Care Pool pays for medically necessary services provided by acute care hospitals and community health centers (CHCs) to eligible low-income uninsured and underinsured individuals. In addition, the Pool reimburses hospitals for emergency services for uninsured individuals from whom the hospitals are unable to collect payment (these are known as emergency bad debt charges or ERBD). The Pool is always the payer of last resort on any claim; when another public or private insurer is the primary payer, the Pool may be charged for the balance of charges for which the eligible individual is responsible. If an individual is uninsured, however, the Pool is the primary and only payer. For more information about the Uncompensated Care Pool, please contact the Division at (617) 988-3222, or visit www.mass.gov/dhcfp.

Inside

In PFY04, the UCP payment method for hospitals changed from a retrospective fee-for-service system to a prospective fixed-payment system. Under this

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system, acute care hospitals are paid a pre-determined amount from the Pool each month, based in part on historical uncompensated care costs. CHCs continue to be paid on a fee-for-service basis up to an annual cap that is set for total CHC expenditures. See the Appendix for a summary table of the sources and uses of Pool funds comparing PFY06 with PFY07 Q1-Q2.

Health Care Reform in PFY07

Impact of Commonwealth Care

The health care reform law (Chapter 58 of the Acts of 2006), included significant changes to the health care landscape in Massachusetts. Among these reforms was the creation of new subsidized insurance products through the Commonwealth Health Insurance Connector Authority (the Connector). In October 2006, the Commonwealth Care insurance program became available for Massachusetts residents with incomes under 300% of the federal poverty level (FPL). Since many people eligible for Commonwealth Care were in the Uncompensated Care Pool database, an auto-enrollment process was completed between October and December 2006 that converted 36,000 individuals with incomes below 100% FPL from Uncompensated Care Pool eligibility to Commonwealth Care eligibility.

As a result of Commonwealth Care enrollment, Uncompensated Care Pool utilization decreased in the first six months of PFY07. Figures 1A, 1B, and 1C show the continued decrease in UCP utilization growth rates from PFY05 through PFY07 Q1-Q2, including outpatient visits and inpatient discharges by Uncompensated Care Pool users, which were consistently negative during this time period. While CHC visits increased between PFY05 Q1-Q2 and PFY06 Q1-Q2, CHC utilization decreased by 19% between PFY06 Q1-Q2 and PFY07 Q1-Q2.

Pool Utilization Statistics

Number of Individuals Using the Pool

During PFY07 Q1-Q2, medical expenses for an estimated 270,930 individuals were billed to the Pool, representing an 8% decrease in Pool users compared with PFY06 Q1-Q2 when medical expenses

Figure 1A: Percent Change in Outpatient Visits by Pool Users, Q1-Q2 Comparison Over Time

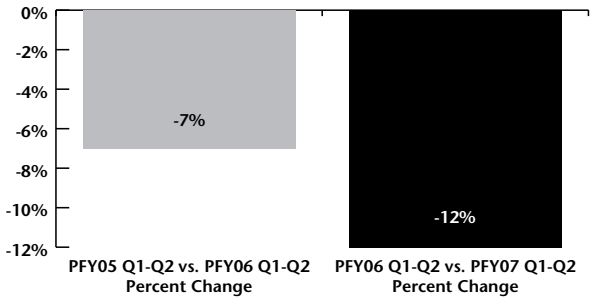


Figure 1B: Percent Change in Inpatient Discharges by Pool Users, Q1-Q2 Comparison Over Time

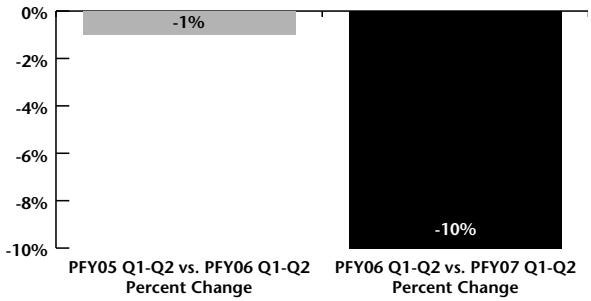
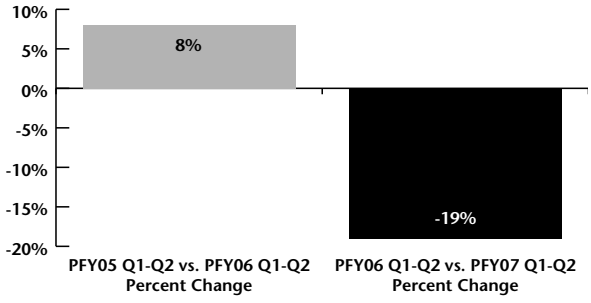


Figure 1C: Percent Change in CHC Visits by Pool Users, Q1-Q2 Comparison Over Time



Notes: Figures 1A through 1C use October through March data in all years.

for 293,665 individuals were billed to the Pool (see Figure 2 below).

Allowable Costs Billed to the Pool

During the first two quarters of PFY07 hospitals billed $294.4 million in allowable uncompensated care costs[1] to the Pool, a 7.0% decline from the $316.6 million billed to the Pool in PFY06 Q1-Q2. Total costs to the Pool in PFY06 equaled approximately $647.3 million, an average of $161.8 million per quarter (see Figure 3A).

CHCs received $20.7 million from the Pool during PFY07 Q1-Q2, which represents a decline of 6.5% over the first two quarters of PFY06 when $22.1 million was billed to the Pool (see Figure 3B).

Figure 3C summarizes the ratio of PFY07 Q1-Q2 uncompensated care payments to total uncompensated care costs. It compares the allocation of prospective "block grant" payments to actual uncompensated care costs during PFY06 and PFY07 Q1-Q2.

Volume of Services Provided

Table 1 on page 4 summarizes the volume and costs of services billed to the Pool during the first two quarters of PFY07. As in PFY06, inpatient discharges represented a small percentage of the volume (2%), but

Figure 3A: Hospital Allowable Costs by Quarter, PFY06–PFY07 Q2 (in millions)

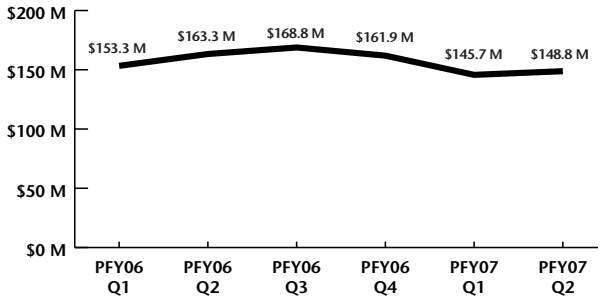


Figure 3B: CHC Payments by Quarter, PFY06–PFY07 Q2 (in millions)

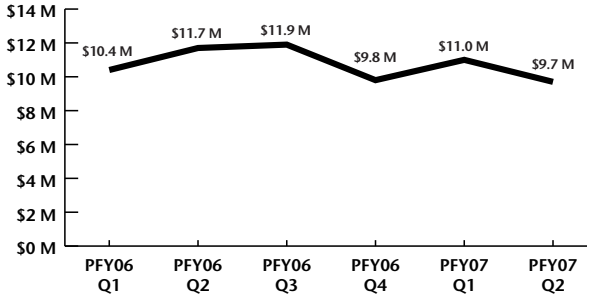


Figure 2: Percent Change in Pool Users, Q1-Q2 Comparison Over Time

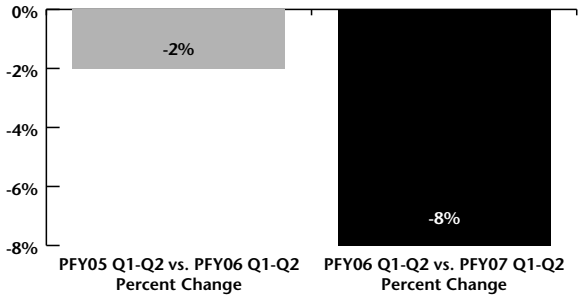


Figure 3C: UC Payments as a Percentage of Total UC Actual Costs, PFY06–PFY07 Q1-Q2

Hospital Category	PFY07 Q1-Q2 Payment Percentage	PFY06 Payment Percentage
DSH (85%)[2]	137.2%	126.0%
Community DSH (88%)[3]	103.6%	91.3%
All Other Hospitals	81.1%	61.6%

[1] These are projected costs based on the charges submitted to the Pool on the UCP claims. Costs are derived by applying each hospital's interim cost-to-charge ratio to the reported charges. These costs do not reflect UCP payments, due to the prospective payment system.
[2] Safety-Net Disproportionate Share Hospitals are Boston Medical Center and Cambridge Health Alliance.
[3] Community Disproportionate Share Hospitals are: Berkshire/Hillcrest, Brockton, Cape Cod, Caritas Carney, Caritas St. Elizabeth's, Holyoke, Lawrence General, Mercy, Merrimack Valley, Quincy, St. Anne's, St. Vincent, Southcoast, and Wing Memorial.

Table 1: Total Service Volume and Costs by Hospital and CHC, PFY07 Q1-Q2

	Service Volume	Percent of Total Volume	Allowable Costs to the Pool	Percent of Total Costs
Total Inpatient Discharges	17,773	2%	$94,655,347	30%
Total Outpatient Visits*	660,076	77%	$199,780,915	63%
Total Hospital Discharges/Visits**	677,849	79%	$294,436,262	93%
CHC Visits	184,249	21%	$20,700,415	7%
Total Hospital and CHC Volume	862,098	100%	$315,136,677	100%

* Outpatient Visits include visits to hospital outpatient departments and hospital-licensed community health centers.
** 90% of the service volume and 87% of costs were for regular uncompensated care services; 10% of service volume and 13% of costs were for emergency bad debt services (ERBD).

a large percentage of allowable uncompensated care costs (30%). In contrast, hospital outpatient visits (including visits to hospital-licensed health centers) accounted for 77% of services provided and 63% of costs. The remaining 21% of services and 7% of costs were for services delivered at free-standing CHCs.

Hospital services provided to individuals who applied for and were determined to be eligible for uncompensated care accounted for 90% of all services and 87% of allowable hospital costs billed to the Pool. The remaining 10% of hospital services and 13% of allowable costs were for uncollectible ERBD services.

Pool User Demographics[4]

In the first two quarters of PFY07, the demographic characteristics of Pool users remained essentially unchanged from PFY06, with the majority of Pool users being uninsured, single, childless adults (ages 19 to 64), with very low incomes.

Insurance Status of Pool Users

The majority of Pool users had the Pool as their primary payer; 62% of all medical services and 70% of costs billed to the Pool were for individuals who reported having no insurance, and for whom the Pool was the primary and only payer. As such, the Pool paid for all eligible services for these uninsured individuals. The remainder of the Pool user population was covered by other public or private insurance, and the Pool was billed for any uncovered services, copayments, and deductibles. For this population, MassHealth was the primary payer for 15% of services and 13% of costs billed to the Pool, Medicare was the primary payer for 4% of services and 1% of costs, and other commercial and government programs were the primary payers for 18% of services and 16% of costs (see Figures 4A and 4B on page 5).

The increase in the "other payers" category reflected in Figures 4A and 4B is due to the conversion of UCP "Pool only" members to Commonwealth Care as their primary payer. In PFY06, 6% of volume and 4% of costs had "other payers" as primary. The implementation of the Commonwealth Care program in October 2006 caused a shift in the insurance status of Pool users in PFY07 Q1-Q2. As UCP members were converted to Commonwealth Care eligibility, hospitals changed the coding of their claims to include another payer. Since Commonwealth Care members retained their UCP eligibility until their enrollment in Commonwealth Care was effective, the UCP continued to receive claims for people who would be enrolled in Commonwealth Care.

[4] In this section of the report, hospital costs are derived from the UCP claims dataset. Hospitals report charges on each claim, and these charges are multiplied by each hospital's cost-to-charge ratio to determine hospital costs. These costs do not reflect UCP payments, due to the prospective payment system.

Figure 4A: Percent of Total Hospital Service Volume by Primary Payer, PFY07 Q1-Q2

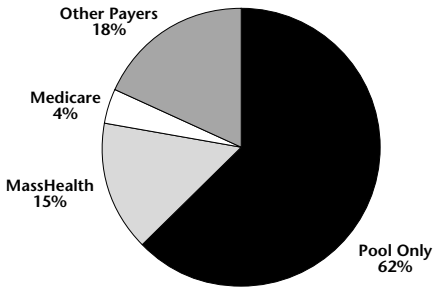


Figure 5A: Percent of Total Hospital Service Volume by Gender of Patient, PFY07 Q1-Q2

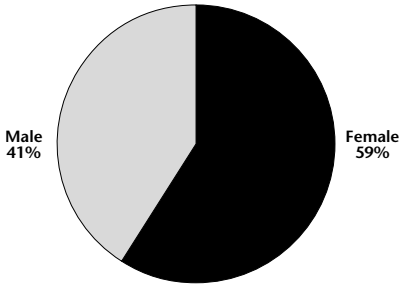


Figure 4B: Percent of Total Hospital Pool Costs by Primary Payer, PFY07 Q1-Q2

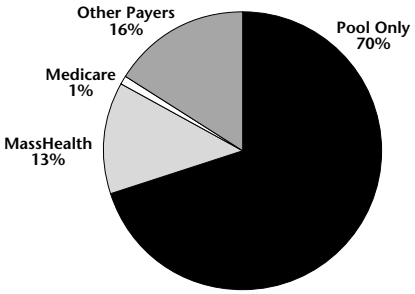
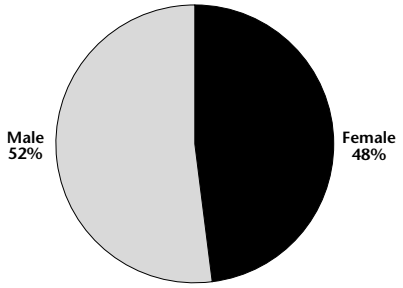


Figure 5B: Percent of Total Hospital Costs by Gender of Patient, PFY07 Q1-Q2



Utilization Patterns by Gender

As in previous quarters, men in the Pool user population used fewer services than women (41% of services billed to the Pool were for men versus 59% for women), but generated slightly more hospital costs (52% for men versus 48% for women, see Figures 5A and 5B). This difference reflects a variation in utilization patterns; men are more likely than women to receive inpatient hospital care, which accounts for higher costs to the Pool, while women more typically receive outpatient services (see also Figures 9A and 9B on page 7).

Utilization Patterns by Age

The Pool primarily pays for services for non-elderly adults. During PFY07 Q1-Q2, adults ages 25 to 44 received the largest percentage of services (38%), while the entire non-elderly population ages 19 to 64 received 86% of the total service volume (see Figure 6A on page 6). The distribution of hospital costs by age exhibits a similar pattern (see Figure 6B on page 6).

Utilization Patterns by Income

The majority of Pool users were low-income, single adults (see Figures 7A and 8A). Over three-quarters (78%) of services billed to the Pool were for individuals with incomes less than 200% FPL, who were thereby eligible for full uncompensated care. Interestingly, Pool users with no income accounted for 27% of service volume, but represented 36% of allowable hospital uncompensated care costs (see

Figure 6A: Percent of Total Hospital Service Volume by Age of Patient, PFY07 Q1-Q2

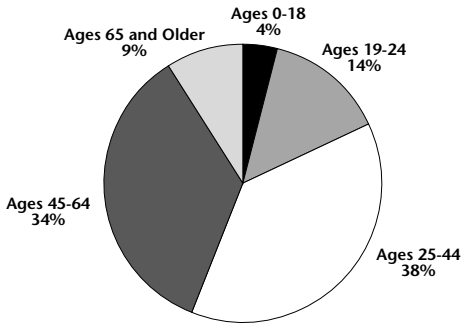
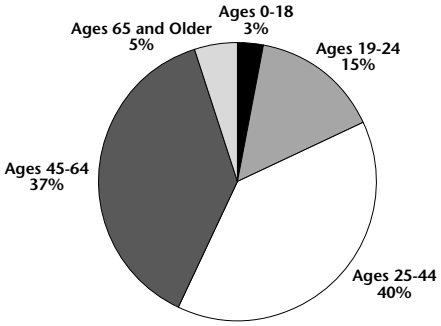


Figure 6B: Percent of Total Hospital Costs by Age of Patient, PFY07 Q1-Q2

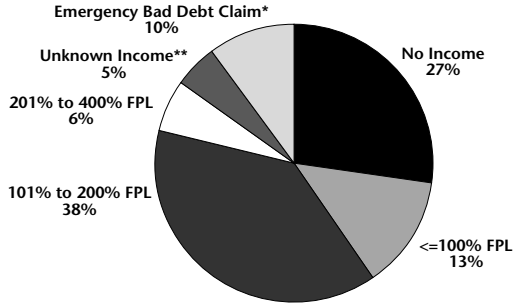


Figures 7A and 7B); as a group, they were more costly than other Pool users. This pattern has been consistent since PFY05. In contrast, Pool users with family incomes between 101% and 200% FPL were less costly, accounting for 38% of claims, but for only 29% of costs.

Utilization Patterns by Family Size

Approximately three-quarters of service volume (72%) and costs to the Pool (73%) were for one- or two-person families. Fifty-four percent of all services were for single, childless adults, and another 18% were for two-person families comprised of two adults, or an adult and child (see Figures 8A and 8B on page 7).

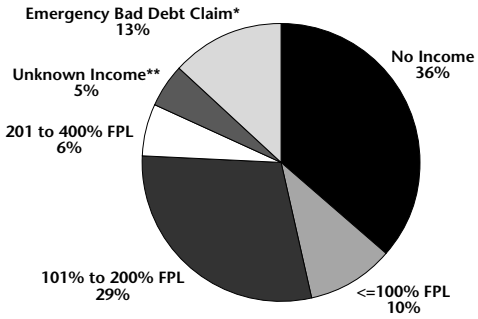
Figure 7A: Percent of Total Hospital Service Volume by Family Income, PFY07 Q1-Q2



* Data on family income are unavailable for ERBD claims because there are no uncompensated care applications associated with these claims.

** A small percentage of uncompensated care claims could not be matched to a corresponding application, so information on family income is unavailable for these claims.

Figure 7B: Percent of Total Hospital Costs by Family Income, PFY07 Q1-Q2



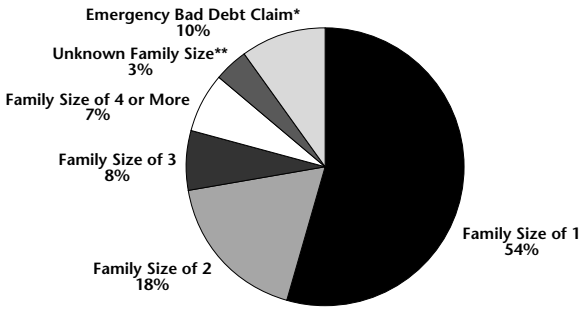
* Data on family income are unavailable for ERBD claims because there are no uncompensated care applications associated with these claims.

** A small percentage of uncompensated care claims could not be matched to a corresponding application, so information on family income is unavailable for these claims.

Utilization Patterns of the Pool Population: Services Billed to the Pool

Except where noted, the Uncompensated Care Pool utilization patterns exhibited by the Pool population during the first two quarters of PFY07 remained similar to the patterns of utilization observed in previous quarters.

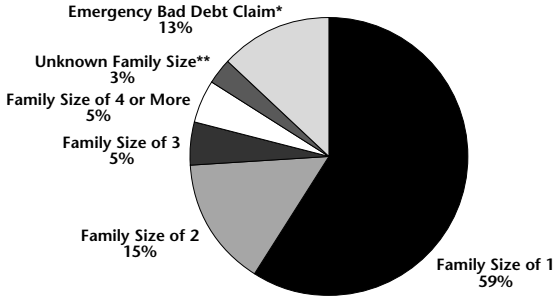
Figure 8A: Percent of Total Hospital Service Volume by Patient Family Size, PFY07 Q1-Q2



* Data on family size are unavailable for ERBD claims because there are no uncompensated care applications associated with these claims.

** A small percentage of uncompensated care claims could not be matched to a corresponding application, so information on family size is unavailable for these claims.

Figure 8B: Percent of Total Hospital Costs by Patient Family Size, PFY07 Q1-Q2



* Data on family size are unavailable for ERBD claims because there are no uncompensated care applications associated with these claims.

** A small percentage of uncompensated care claims could not be matched to a corresponding application, so information on family size is unavailable for these claims.

Hospital Utilization by Gender

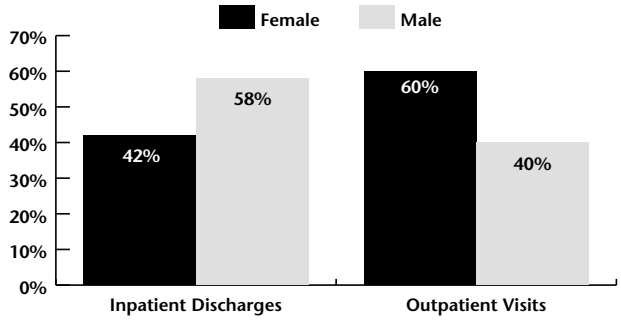
Consistent with previous quarters, utilization of inpatient and outpatient services differed dramatically for men and women during the first two quarters of PFY07. Fifty-eight percent of all inpatient services were for men, while 60% of all outpatient services (including care in outpatient clinics and hospital-licensed health centers) were for women (see Figure 9A).

The inpatient care for men accounted for 64% of inpatient costs billed to the Pool, or approximately $60.6 million, while inpatient care for women accounted for 36% of inpatient costs, approximately $34.1 million. In contrast, outpatient care for women accounted for over half (54%) of outpatient costs, approximately $107.4 million, while care for men accounted for the remainder (46%), approximately $92.3 million (see Figure 9B and Table 1 on page 4).

Hospital Utilization by Age

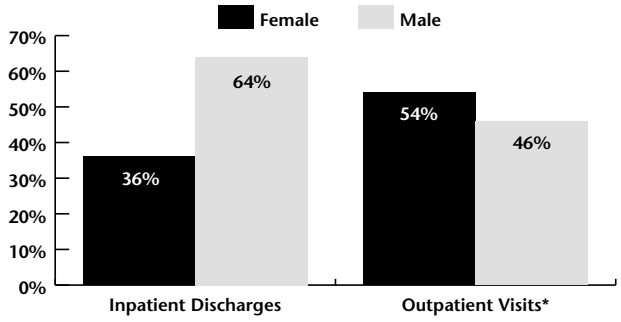
Pool users ages 25 to 44 received the most care of any age group in both hospital inpatient and out-

Figure 9A: Percent of Discharges and Visits* by Claim Type and Patient Gender, PFY07 Q1-Q2



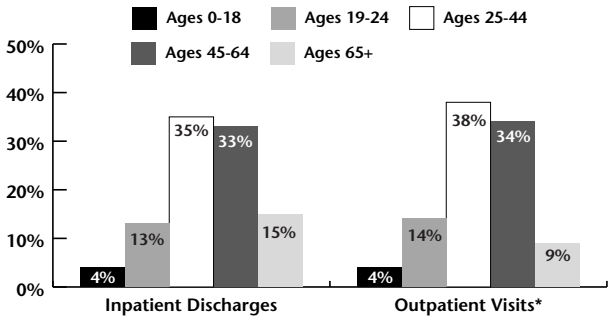
* Includes visits to hospital outpatient clinics and hospital-licensed CHCs.

Figure 9B: Percent of Costs* to the Pool by Claim Type and Patient Gender, PFY07 Q1-Q2



* Includes visits to hospital outpatient clinics and hospital-licensed CHCs.

Figure 10A: Percent of Discharges and Visits* by Claim Type and Patient Age, PFY07 Q1-Q2



* Includes visits to hospital outpatient clinics and hospital-licensed CHCs.

Figure 11A: Percent of Inpatient Discharges by Admission Type, PFY07 Q1-Q2

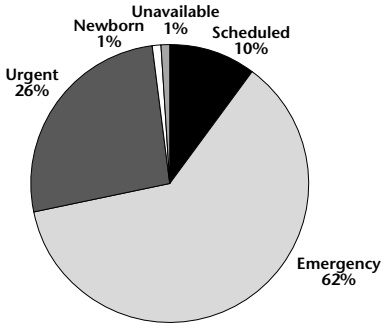
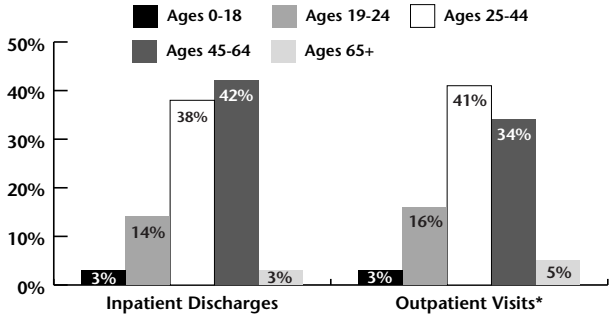
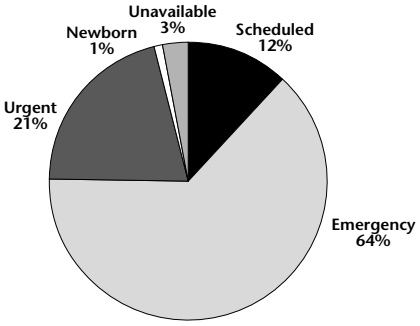


Figure 10B: Percent of Costs* to the Pool by Claim Type and Patient Age, PFY07 Q1-Q2



* Includes visits to hospital outpatient clinics and hospital-licensed CHCs.

Figure 11B: Percent of Costs to the Pool by Inpatient Admission Type, PFY07 Q1-Q2



patient settings, and generated a large percentage of costs. However, the inpatient care for Pool users ages 45 to 64 was disproportionately expensive; services for this group accounted for 33% of inpatient discharges, but 42% of inpatient costs (see Figures 10A and 10B).

Type of Admission

Eighty-eight percent of inpatient services were for emergency or urgent care; 62% were for emergency care, and 26% were for urgent care. An additional 10% were for scheduled (coded as "elective") procedures (see Figure 11A). Eighty-five percent of costs to the Pool were for emergency or urgent care (see Figure 11B).

Top Reasons for Inpatient Discharges

During the first two quarters of PFY07, the most common two reasons for inpatient care were for circulatory disorders and mental diseases; 26% of services and 26% of costs were attributable to these major diagnostic categories (see Table 2 on page 9). Inpatient discharges for mental health and substance abuse related disorders continued to be prevalent

Table 2: Top Inpatient Major Diagnostic Categories for Uncompensated Care Patients by Percent of Total Discharges and Costs to the Pool, PFY07 Q1-Q2

MDC	Percent of Total Inpatient Discharges	Percent of Total Inpatient Costs
Circulatory Diseases and Disorders	14%	17%
Mental Diseases and Disorders	12%	10%
Digestive Diseases and Disorders	11%	11%
Respiratory Diseases and Disorders	9%	7%
Alcohol/Drug Use and Induced Organic Mental Disorders	7%	5%
Musculoskeletal Diseases and Disorders	6%	8%
Nervous System Diseases and Disorders	6%	9%
Hepatobiliary Diseases and Disorders	5%	6%
Skin, Subcutaneous Tissue, and Breast Diseases and Disorders	4%	3%
Endocrine, Nutritional, and Metabolic Diseases and Disorders	3%	3%
Total for Top 10 MDCs	78%	77%

* Totals may not add up due to rounding.

within the Pool user population. Together, these diagnoses comprised 19% of inpatient diagnoses and 14% of costs.

Top Reasons for Outpatient Visits

Outpatient pharmacy services continued to represent the largest share of outpatient volume (14%) in the first two quarters of PFY07 (see Table 3). Interestingly, however, these visits generated just 6% of outpatient costs. These costs were for outpatient pharmacy services only; when pharmacy services occurred along with other outpatient services, the bill was grouped under the primary service provided. Pharmacy visits as a percentage of outpatient volume have declined since PFY05; in PFY06 outpatient pharmacy services represented 19% of outpatient volume,

Table 3: Outpatient Ambulatory Patient Groups (APGs) for Uncompensated Care Patients by Percent of Total Visits and Costs, PFY07 Q1-Q2

APG	Percent of Total Visits	Percent of Total Costs
Pharmacy	14%	6%
Pulmonary Tests	4%	10%
Individual Comprehensive Psychotherapy	3%	1%
Nonspecific Signs and Symptoms and Other Contacts with Health Services	2%	2%
Simple Musculoskeletal Diseases Except Back Disorders	2%	1%
Simple Gastrointestinal Diseases	2%	4%
Physical Therapy	2%	1%
Skin Diseases	2%	1%
Influenza, Upper Respiratory and Ear, Nose, Throat Infections	2%	1%
Fracture, Dislocation, and Sprain	2%	2%
Total for Top 10 APGs	35%	29%

* Totals may not add up due to rounding.

Table 4: Average Cost per Inpatient Discharge and Outpatient Visit, PFY07 Q1-Q2 including Comparison Cost Data from PFY06 Q1-Q2

	PFY07 Q1-Q2	Hospital Costs to the Pool PFY07 Q1-Q2	Average Cost PFY07 Q1-Q2	Average Cost PFY06 Q1-Q2
Inpatient Discharges	17,773	$94,655,347	$5,326	$5,195
Outpatient Visits	660,076	$199,780,915	$303	$279
Total Inpatient Discharges/ Outpatient Visits	677,849	$294,436,262	$434	$406

and in PFY05 pharmacy represented 23% of outpatient UCP volume.

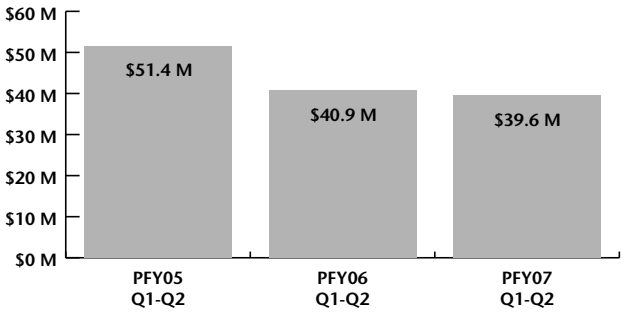
Average Cost per Inpatient Discharge and Outpatient Visit

The average cost per hospital discharge or visit increased by 7% in the first two quarters of PFY07 when compared with PFY06 Q1-Q2, and was approximately $5,326 per inpatient discharge, and about $303 per hospital outpatient visit (see Table 4). This represents an increase of 3% for the average inpatient cost per discharge, and an increase of 8% for the average outpatient visit compared with PFY06 Q1-Q2.

Emergency Room Bad Debt

The Division reimburses hospitals for claims from emergency services provided to uninsured individuals from whom the hospital is unable to collect payment. ERBD costs have declined since PFY05, and decreased more than 3% between PFY06 Q1-Q2 and PFY07 Q1-Q2. In PFY07 Q1-Q2, ERBD costs were approximately $39.6 million or 13% of costs to the Pool (see Figure 12). In PFY06 Q1-Q2, ERBD costs represented 13% of total Pool costs, while in PFY05 Q1-Q2 ERBD costs represented 16% of total costs to the Pool.

Figure 12: Hospital ERBD Costs, Q1-Q2 Comparison PFY05-PFY07



Data Notes

Data used in these analyses were drawn from the following sources:

Monthly Reports from Hospitals and CHCs

Prior to PFY07, hospitals submitted the UC Form, a monthly report of their uncompensated care charges. Beginning in PFY07, hospitals no longer submit the UC Form to the Division. Charge data is analyzed using the Pool claims database. CHCs continue to use the CHC Payment form; which details monthly visit activity for CHCs as well as certain charge activity.

Pool Claims Database

Hospitals and CHCs began electronic submission of Pool claims to the Division in March 2001. During PFY03, the Division began to withhold payments from hospitals with incomplete data. As a result, compliance with data submission requirements improved dramatically. Claims data includes demographic data, detailed clinical information, and charge data.

Pool Applications Database

Hospitals and CHCs began to submit electronic uncompensated care application forms to the Divi-

sion in October 2000. The application contains data as reported by the applicant.

The eligibility data for individuals determined to be eligible for the UCP or MassHealth after October 1, 2004 were integrated into the UCP applications database to create a comprehensive dataset of demographic and eligibility information for all individuals with UCP eligibility.

Matched Pool Applications and Claims Database

To the extent possible, the Division matches uncompensated care claims to the corresponding uncompensated care application. Matching is based on the applicant's social security number or tax identification number when available. Additional matching uses an algorithm based on other available data such as phonetic last name, phonetic first name, date of birth, provider, etc. Since there are no applications associated with ERBD claims, ERBD claims data are excluded from the match.

The Division's matching algorithm incorporates application data from UCP applications submitted through MassHealth. In PFY07 Q1-Q2, 95% of uncompensated care claims matched to either a DHCFP or a MassHealth application. A small percentage of claims remains unmatched because of timing issues (e.g., applications submitted after an uncompensated care claim was written off), or because of inconsistencies in personal identifiers that hinder matching.

Appendix: Uncompensated Care Pool Sources and Uses of Funds, PFY06–PFY07 Q1-Q2

Uncompensated Care Trust Fund	PFY06	PFY07
Budgeted Revenue Sources		
Hospital Assessment	160.0	160.0
Surcharge Payers	160.0	160.0
General Fund Contribution	171.9	290.0
Other Funding Sources		
General Fund Transfer, Supp. Budget. (§. 14, Ch. 106 Acts of 2005)	24.1	
Transfer from account #4000-0896 (Essential)	10.0	
Total Sources	**526.0**	**610.0**
Uses of Funds		
UCTF Pool Uses of Funds		
Hospitals	(466.0)	(480.0)
Dedicated Payment to BMC & CHA		(70.0)
Community Health Centers (Budgeted Funding)	(56.0)	(56.0)
Community Health Centers Special 2006 Distribution for Continuing Goals*	(2.3)	
Demonstration Projects (Historic Pool)	(4.0)	(4.0)
Total Uses	**(526.0)**	**(610.0)**

Uncompensated Care Pool: Financial Summary	PFY06	PFY07 Q1-Q2
Hospitals		
Hospital Payments	(466.0)	(240.0)
Dedicated Payments to BMC & CHA		(35)
Offsets to UCP	(140.0)	(35)
Net Allowable UCP Costs**	(662.1)	(294.4)
Hospital Surplus/(Shortfall)	**(56.1)**	**15.6**
Community Health Centers		
Community Health Center Payments***	(56.0)	(21.0)
Community Health Centers Special Distribution for Continuing Goals***	(2.3)	
Net Allowable UCP Costs	(46.1)	(21.0)
CHC Surplus	9.9	0
UCP Surplus/(Shortfall)	**(46.2)**	**15.6**

* Continuing goals include use of electronic medical records, enhanced claims and billing system, additional eligibility processing staff and start-up or Inventory costs for 340B pharmacies.
** PFY07 costs are from actual submitted claims data.
*** PFY06 estimated total payments include $2.3 M of the PFY06 CHC funding paid out to CHCs as a PFY06 year-end special distribution. The value of the payment is included in the total budgeted funds for PFY06, but it retains a separate line item for accounting purposes. The payment was disbursed in Oct 2006.

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